

Associate Member Form

Associate Member Guidelines

Representatives from non-Federal organizations who have an interest in occupational safety and health may be granted associate membership with a FFSHC. An Associate Member may attend any FFSHC meeting that is open to the public, but has no voting rights and may not hold any office or serve as a committee member.

Please submit an Associate Member Form for each representative appointed to serve as a member of a FFSHC. Please return the completed form to the appropriate FFSHC chairperson.

FFSHC

FFSHC Name: _____

Member Information

Employee Name	
Title	
Organization/Company Name	
Address	
E-mail Address	
Phone Number	

Management Official Information

Name: _____

Title: _____

E-mail Address: _____

Phone Number: _____

Management Official Signature _____ Date _____